

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/583 223
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3								53					
4								54					
5								55					
6								56					
7			1					57					
8								58					
9								59					
10								60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
17			1					67					
18								68					
19								69					
20								70					
21								71					
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40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.			↓	↓	2			TOTAL IND.			↓		
TOTAL DEP.			←	18	←			TOTAL DEP.			←		
TOTAL CLAIMS				20				TOTAL CLAIMS					